

09/856768

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE    |
|----------------------------------|----------|--------|---------|
| <b>FEE DETERMINATION</b>         |          |        |         |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 6      | 6-13-01 |
| <b>FORMALITY REVIEW</b>          |          |        |         |
| <b>RESPONSE FORMALITY REVIEW</b> | SA       | 689EG  | 7-9-01  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Date     |
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| Final | Original |
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| Claim | Date     |
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| Claim | Date     |
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If more than 150 claims or 10 actions  
staple additional sheet her

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